

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26964

State File No.

BIRTH NO.		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>4310</u>		Registrar's No. <u>444</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived prior to institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY OR TOWN <u>Bever</u>		c. LENGTH OF STAY (in this place) <u>-</u>		c. CITY OR TOWN <u>Bever</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>				e. STREET ADDRESS (If rural, give location) <u>-</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>A</u> b. (Middle) <u>C</u> c. (Last) <u>Stice</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>8-9-55</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-22-97</u>	
9. AGE (In years last birthday) <u>57</u>		10. KIND OF BUSINESS OR INDUSTRY <u>For Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Stice</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Barnett</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Stice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-01-9482</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Stice</u> ADDRESS <u>Bever Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? <u>Chronic Congestive Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Following Laparotomy Nov. 1954 DUE TO (c) Microcytic anemia</u> II. OTHER SIGNIFICANT CONDITIONS <u>Microcytic anemia</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9 mos</u> <u>4341</u> <u>9 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Partial Hernia Repair</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1954</u> , to <u>8-9, 1955</u> , that I last saw the deceased alive on <u>8-9, 1955</u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hubert L. Linder</u> (Degree or title)				23b. ADDRESS <u>Macon, Mo</u>		23c. DATE SIGNED <u>8-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richardson Co</u>		24d. LOCATION (City, town, or county) (State) <u>Bever Mo</u>	
DATE REC'D BY <u>Aug 18/55</u> LOCAL REG.		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u> 185		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Edwards</u> ADDRESS <u>Bever, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1955

RECEIVED 8.20.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.55.135
Date Filed 8.23.55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. H. Edwards*

Licensed Embalmer No. 196

P. O. Address *Brewins*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.